

2013 Camp Trip Leader Safety Course InstructorApplication
State of Maine, Department of Inland Fisheries & Wildlife
284 State Street, 41 State House Sta.,Augusta, Me. 04333-0041

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User Type

Change

Name _____ Date of Birth _____
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Social Security #/Federal Id # _____

Home

Mailing Address _____
street or box # town/city state zip code

Physical Address _____
street or box # town/city state zip code

Legal Residence (town) _____ Drivers License # _____
(state & zip code if different from above)

Physical Description: _____ Phone # _____
height weight hair eyes sex

Camp Name _____

Camp Address _____

Camp Director _____

Year of Last Camp Trip Leader Permit _____ Current Permit Number _____
(Current Permit Required)

PLEASE EXPLAIN YOUR TRIP LEADING EXPERIENCE:

PLEASE EXPLAIN YOUR INSTRUCTIONAL EXPERIENCE:

Location of course _____ Dates _____

Curriculum applied _____ Maine State Camp Trip Leader Safety Course

_____ *Your own curriculum-- please use the enclosed application for approval of curriculum, indicating the place in your curriculum where the material can be found.

Applicant Signature

Date

Please attach copies of documentation attesting to your instructional experience(s).

Please return this application, curriculum approval form and, if utilizing your own curriculum, a copy of the exam you will administer to: Department of Inland Fisheries and Wildlife, 284 State Street, Augusta, Me 04333.